Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN7302	A. BUILDING _____ B. WING _____	C 09/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE AT ROCKWOOD, THE	5580 ROANE STATE HWY ROCKWOOD, TN 37854

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During investigation of C/O #30356, conducted September 18, 2012, throygh September 19, 2012, at The Bridge at Rockwood, no deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	scheduled medications and medications noted were signed off immediately. **Residents potentially affected:** Residents of the facility have the potential to be affected by this deficient practice. 100% audit of all resident's narcotic medications for appropriate delivery and accountability was completed on 9/21/12 by the DON/ADON's **Systemic measures:** Education/Training was provided by the Adm/DON on 9/21/12 to 100% of licensed staff on the policy and procedure for medication administration-narcotic/controlled medication accountability and wasting of controlled medications. ADON's and/or Charge nurses will review all resident's narcotic count sheets for compliance with narcotic/controlled medication administration policy and procedure on daily basis and report findings during morning clinical meeting. **Monitoring measures:** Narcotic count sheets will be reviewed by the Director of Nursing weekly for a period of 3 months for compliance and monthly thereafter. Any needed corrections will be made immediately. The results of these weekly reviews will be reported in the monthly QA committee meeting x 3 months.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 10/17/12